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**FACSIMILE TRANSMITTAL SHEET****DATE SENT:** July 15, 2005**DELIVER TO:****Company:** USPTO / GAU 2611**Fax No:** 571-273-8300**FROM:** **Ramraj Soundararajan****YOUR FILE:** **10/605,758**

THERE WILL BE A TOTAL OF **4** PAGE(S) INCLUDING THIS COVER SHEET.  
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/605,758
		Filing Date	10/23/03
		First Named Inventor	Varghese, Kivin
		Art Unit	2611
		Examiner Name	Unknown
Total Number of Pages In This Submission	3	Attorney Docket Number	001-255

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm Name	Lacasse & Associates, LLC	
Signature	<i>Ramraj Soundararajan</i>	
Printed name	Ramraj Soundararajan	
Date	July 15, 2005	Reg. No. 53832

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Typed or printed name	Brandi Franklin	Date July 15, 2005

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Approval for use through 10/31/2002. OMB 0581-0026  
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<b>REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	10/806,758
	<b>Filing Date</b>	10/23/2003
	<b>First Named Inventor</b>	Kvin Varghese
	<b>Group Art Unit</b>	2611
	<b>Examiner Name</b>	Unknown
	<b>Attorney Docket Number</b>	001-255

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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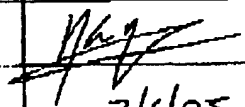
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73b is enclosed (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	KVIN VARGHESE
<b>Signature</b>	
<b>Date</b>	7/6/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/01 (10-00)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/805,758
	Filing Date	10/23/2003
	First Named Inventor	Varghese
	Group Art Unit	2811
	Examiner Name	Unknown
	Attorney Docket Number	001-255

I hereby appoint:

☒ Practitioners associated with the Customer Number
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73b) is enclosed (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	7/5/05
Name	KEVIN VARGHESE	Telephone	434-409-1356
Title and Company	CEO, UpLabs		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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